Image# 11952531600 PAGE 1/6

STATEMENT OF

FORM 1	ORGANIZATION									Office	Use Only			
NAME OF COMMITTEE (in full)		(Check if name is changed)			Example:If typing, type over the lines.				12FE4M5					
NEW YORK I	BANKEI	RS ASS	SOCIATION	ON C	OMN	1UNI	TY I	POLI	ΓΙCAL	_ AC	CTION		ЛМIT	TEE
ADDRESS (number and street)		99 Park A	Avenue											
(Check if address is changed)		NEW YO	DRK					<u> </u>	NY	<u> </u>	10016		- -	
		CITY								_		ZIP CODE		
COMMITTEE'S E-MA (Check if is change	address		provide only o		ail addre	ss)								
COMMITTEE'S WEB	PAGE ADD	RESS (UF	RL)											
(Check if is change														
2. DATE 10		D / Y	2011											
3. FEC IDENTIFIC	CATION NU	MBER	С	C000	098301									
4. IS THIS STATE!	MENT X	NEW	(N) OF	₹		AME	NDED	(A)						
I certify that I have of Type or Print Name	of Treasurer		nt and to the	best of		wledge		221 - 31	is true, d	M 10	M / D	mplete.		011
NOTE: Submission of			omplete informa					-				alties of	2 U.S.C	C. §437g.
Office Use Only					Fe To		ection C 00-424-					C FO		